



2006 Application Form

City of Cambridge Scholarship Fund

The City of Cambridge Scholarship Fund was established in 1993 to provide financial assistance to Cambridge residents who wish to pursue post secondary education. We commend you for planning to further your education and encourage you to apply for other financial assistance as well, particularly federal and state aid by completing and submitting the Free Application For Federal Student Aid (FAFSA). This form is available at <http://www.fafsa.ed.gov>.

Eligibility Requirements

- Must be a resident of Cambridge
- Must be attending, have received admittance to, or have an application pending at an accredited education institution beyond the high school level prior to the award date (May 2006).
- Scholarship is paid directly to the education institution, and must be used during the 2006/2007 academic year.
- Prior recipients **NOT** eligible; the City Scholarship Award is one-time only

Application Submission Documents

1. Completed application form
2. Transcript of grades from high school, college or other post secondary institution
3. Student evaluation form completed by high school or college counselor/advisor, a member of the clergy, a teacher/professor, or a professional associate. Please do not submit additional letters.
4. Completed financial aid questionnaire or FAFSA form

Submit To:

City of Cambridge Finance Department
C/O Juliet Turner
795 Massachusetts Avenue
Cambridge, MA 02139

APPLICATION DEADLINE/POSTMARK DATE
February 28, 2006

All materials must be received by the application deadline.

Copies of this form are available on-line at: www.cambridgema.gov/dept/finance.html

Please print or type

I. APPLICANT INFORMATION

Name: _____

LAST

FIRST

MIDDLE INITIAL

Address: _____

NUMBER

STREET

CITY

STATE

ZIPCODE

Telephone Number: (____) _____ Gender: ____Female ____Male

Date of Birth: _____

High School Name: _____ Graduation Date: Mo. ____ Yr. ____

High School Address: _____

NUMBER STREET

CITY

STATE

ZIPCODE

Academic Status in coming year: Undergraduate 1 2 3 4 5 Graduate 6 7

Student will live ____ on campus ____ off campus ____ student will commute

College/Postsecondary program to which you have applied for 2006/2007 or will enroll.

1. _____ ____ Pending ____ Accepted ____ Enrolled

2. _____ ____ Pending ____ Accepted ____ Enrolled

3. _____ ____ Pending ____ Accepted ____ Enrolled

4. _____ ____ Pending ____ Accepted ____ Enrolled

II. PARENT/GUARDIAN INFORMATION

A. Parent/Guardian Name: _____

LAST

FIRST

MIDDLE INITIAL

Address (if different from yours): _____

NUMBER STREET

CITY

STATE

ZIPCODE

Telephone Number: (____) _____ Relationship to Applicant: _____

B. Parent/Guardian Name: _____

LAST

FIRST

MIDDLE INITIAL

Address (if different from yours): _____

NUMBER STREET

CITY

STATE

ZIPCODE

Telephone Number: (____) _____ Relationship to Applicant: _____

III. APPLICANT ACADEMIC INFORMATION

High School students and students who have completed less than one semester of post-secondary education **must include a copy of high school transcript of grades.** Currently enrolled post-secondary students must include most recent college or voc-tech transcript of grades. In addition to submission of transcript of grades, the following section **must be completed** by the appropriate school official (*An applicant who has been out of school for five or more years is not required to submit a transcript nor have the following section completed.*)

Rank in Class

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

Test Scores

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

I certify this data is from a current and official transcript

SCHOOL OFFICIAL'S SIGNATURE

TITLE

DATE

TELEPHONE NO

SCHOOL OFFICIAL'S ADDRESS

STREET

CITY

STATE

ZIPCODE

IV STUDENT EVALUATION

To be completed by a high school or college advisor, a member of the clergy, an instructor, a professional associate or a supervisor.

You have been asked to provide information in support of this applicant for the City of Cambridge Scholarship. Please answer the following questions carefully.

The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is	Excellent	Good	Fair	Poor
I know the applicant	Extremely well	Very well	Moderately well	Not well

Comments

SCHOOL OFFICIAL'S SIGNATURE

TITLE

DATE

TELEPHONE NO

SCHOOL OFFICIAL'S ADDRESS

STREET

CITY

STATE

ZIPCODE

V. SCHOOL AND COMMUNITY INVOLVEMENT

List all school and community activities in which you have participated recently (e.g. student government, music, sports, volunteer work, church activities).

Activity	No. Years	Offices Held, Special Awards, Honors	Activity	No. Years	Offices Held, Special Awards, Honors

VI. WORK EXPERIENCE

Describe your work experience during the past two years. Indicate dates of employment in each job and approximate number of hours worked each week.

Employer	Position	Date From (mo/year)	Date To (mo/year)	Hours Per Week	Compensation

Major Field of Study Applicant plans to pursue:

Aspirations and Goals

Make a brief statement of your plans as they relate to your educational and career objectives and future goals.

Unusual Circumstances

Please report any unusual family or personal circumstance you feel warrants attention.

VII. OTHER AWARDS

Please list below the name and amount of any grants or scholarships for which you have applied or have been awarded for the coming year.

Name of Award	Amount	Granted	Pending

VIII. FINANCIAL INFORMATION

This should be completed by the parent(s) of the applicant. * Applicant may submit completed FASFA form in lieu of completing section VIII.

A. Taxable and Non-taxable Income from 2005 Federal Tax Return

Income tax filing status: ___ Single ___ Married, joint return ___ Married, filing separately
 ___ Head of household ___ Do not file

1. Adjusted gross income: \$ _____
2. Salaries and wages of parent/guardian in IIA: \$ _____
3. Salaries and wages of parent/guardian in IIB: \$ _____
4. Other taxable income (interest, dividends, rental income, etc.): \$ _____
5. Child support received for all children: \$ _____
6. Social Security benefits for whole family: \$ _____

B. Family Assets and Debt

1. Home (if owned): Present market value \$ _____ Unpaid principal \$ _____
Annual mortgage payment \$ _____
2. If family rents residence: Annual rent \$ _____
3. Medical/Dental expenses: \$ _____
4. How many children, including student, reside in the home or are receiving support? _____

**Note: Independent applicants should provide financial information pertaining to their own federal tax returns; parental information is not required in that case.*

CERTIFICATION AND SIGNATURES

Certification: All of the information on this application form is true and complete to the best of our (my) knowledge. If asked by an authorized official of the Scholarship Fund, we (I) agree to give proof of the information provided on this form. We (I) realize that this proof may include a copy of our (my) U.S. and/or Massachusetts Income Tax Return (s). We (I) also realize that if we (I) do not give proof when asked, the student may not get aid. Falsification of information may result in termination of any scholarship granted.

Father: _____ Mother: _____

Applicant: _____ Date: _____